

MIHMS Rule Description	Rule Category	CAQH IIICARC (5010)	CAQH IIIRARC (5010)
101-No active provider contract	PROVIDER	16	N229
102-Provider not active for Plan on DOS	PROVIDER	16	N229
103-Not an approved service for provider	PROVIDER	185	
104-Incomplete provider	PROVIDER	185	N570
107-Negative charge on claim line	CLAIM	16	M54
111-Provider Watch	PROVIDER	96	N35
116-Annual Benefit Amount Exceeded	BENEFIT	119	N130
122-PCP reassignment override days	MEMBER	A1	N220
123-Individual Lifetime Visits Exceeded	BENEFIT	119	N587
134-Claim payment amt exceeds max allowed for mass adjudication	CLAIM	150	N640
135-Claim payment amount exceeds the maximum allowed	CLAIM	150	N640
149-Benefit does NOT meet date criteria of the claim	BENEFIT	27	N30
150-No contract term found for service	CONTRACT	185	
152-Provider type does not match type required by benefit	BENEFIT		N95
152-Provider type does not match type required by benefit	BENEFIT	170	N95
154-Benefit requires Specialty Code not found on Provider	BENEFIT	8	N95
155-Benefit has age restriction	BENEFIT	6	N129
158-Invalid Service Code on DOS	CLAIM	181	N56
162-Contract term requires documentation	CONTRACT	252	N706
163-Benefit requires documentation	BENEFIT	252	N706
164-Contract requires document review	CONTRACT	251	N705
168-Member does NOT meet age criteria for term	CONTRACT	6	N129
169-Claim and contract term modifiers do NOT match	CONTRACT	4	N519
172-Term does NOT meet date criteria of the claim	CONTRACT	96	M115
173-Diagnosis on claim does NOT match terms valid range	CONTRACT	96	N569
175-Bill type on claim does NOT match contract term	CONTRACT	16	MA30
176-Emergency requirements on claim do NOT match contract term	CONTRACT	96	N180
179-Location specific term does NOT match claim	CONTRACT	96	N428
185-Location-specific benefit does NOT match claim	BENEFIT	96	N130
201-No enrollment exists for claim start date	CLAIM	177	
204-Invalid accommodation days	CLAIM	16	N345
205-Benefit requires UM	BENEFIT	197	
206-Benefit Visit Limit Exceeded	BENEFIT	119	N640
207-Benefit Dollar Limit Exceeded	BENEFIT	119	N130
210-Member NOT enrolled on DOS	CLAIM	177	
214-Bill Type does NOT match Benefit	BENEFIT	16	MA30
216-No COB entered with a Secondary Enrollment	CLAIM	16	MA04
218-Member lost eligibility during date span	CLAIM	239	
219-Provider overlap of global days period	CLAIM	97	N19
221-Assistant surgeon not allowed	CLAIM	54	N646
222-Co-Surgeon not allowed	CLAIM	54	N646
223-Team surgeon not allowed	CLAIM	54	N646
224-Benefit Requires Manual Review	BENEFIT	251	N705
225-Contract Term Requires Manual Review	CONTRACT	251	N705
237-COB will be manually distributed on claim lines	CLAIM	A1	N220
238-Invalid Medicare Action Code	CLAIM	96	N61
252-Pend claim if COB is 0 on secondary enrollment claim	CLAIM	16	MA04
258-Emergency Claim does not match Emergency Benefit	BENEFIT	96	N180
271-Benefit Restriction Group Validation Failed	BENEFIT	96	N130
272-Member does not have coverage code required on benefit	BENEFIT	96	N130
289-Invalid Occurrence Code on DOS	CLAIM	16	M45
290-Invalid Occurrence Span Code on DOS	CLAIM	16	M46
291-Invalid Condition Code on DOS	CLAIM	16	M44
292-Invalid Value Code on DOS	CLAIM	16	M49
301-Invalid or missing admission date	CLAIM	16	MA40
303-Claim Total Mismatch	CLAIM	16	M54
304-Invalid Bill Type	CLAIM	16	MA30
305-Primary diagnosis code is required	CLAIM	146	M76
306-Discharge status is required for inpatient and SNF claims	CLAIM	16	N50
308-Invalid Admit Hour (0 -- 23)	CLAIM	16	N46
329-Invalid patient status for bill type	CLAIM		MA43
330-Invalid diagnosis code for benefit	BENEFIT	11	N657
359-Micro-Dyn DRGActive component error	CLAIM	A8	N647
360-DRG is NOT in the selected DRG Group	CLAIM	A8	N657
367-Contract term requires UM	CONTRACT	197	

376-Contract Term Restriction Group Validation Failed	CONTRACT	96	N180
378-No COB Amount on claim	CLAIM	16	MA04
400-Gender is invalid for Medical Policy	MEDICALPOLICY	16	MA30
401-Age is invalid for Medical Policy	MEDICALPOLICY	96	N129
402-Maximum units exceeded for Medical Policy	MEDICALPOLICY	119	N362
403-Diagnoses invalid for Medical Policy	MEDICALPOLICY	50	
404-Place of Service invalid for Medical Policy	MEDICALPOLICY		M77
407-Modifier(s) is invalid for Medical Policy	MEDICALPOLICY	50	
408-Line failed for Medical Policy Rule	MEDICALPOLICY	273	N362
421-No other enrollment exists for service line dates	CLAIM	96	N216
5011-Provider does not match lock-in provider - Full lock-in	CLAIM	242	N450
5012-Provider does not match lock-in provider - Partial lock-in	CLAIM	242	N450
5021-Drug not rebateable	CLAIM	16	M119
5022-J-Code/NDC missing or invalid	CLAIM	16	M119
5026-Missing Revenue Code for J-Code	CLAIM	199	N657
5027-EyeCare Budget Exceeded	CLAIM	273	N362
5028-Missing Detailed Drug Coding	CLAIM	16	M123
5031-Hospital subsequent lines denied	CLAIM	16	N56
504-Invalid CPT/HCPCS code	CLAIM	181	N56
505-Invalid Revenue Code	CLAIM	16	M50
507-Revenue Code Requires HCPCS	CLAIM	16	M20
508-Invalid Modifier Code on Date of Service	CLAIM	182	N657
511-Invalid From DOS	CLAIM	16	M52
512-Invalid Thru DOS	CLAIM	16	M59
518-Admit type required for 11x bill type	CLAIM	16	MA41
521-Procedure code not found or invalid for date of service	CLAIM	181	N56
523-Diagnosis code does not exist	CLAIM	16	M64
524-CPT codes billed include bundled and unbundled CPTs	CLAIM	234	M80
525-Diagnosis code is not valid on DOS	CLAIM	146	N657
534-Duplicate Modifier Exact Match	CLAIM	18	
536-CPT Code is Bundled with Other CPT	CLAIM		M80
537-Require Active Provider License on Date of Service	PROVIDER	170	N95
541-Claim Line Submission Window Exceeded	CLAIM	29	
542-Claim Line Submission Window Overlap	CLAIM	29	
543-Inpatient Claim Submission Window Exceeded (claim Thru date)	CLAIM	29	
550-Invalid POA Indicator on Diagnosis Code for Inpatient Claim	CLAIM		N434
551-Diagnosis Requires POA Indicator for Inpatient Claim	CLAIM		N434
6000-Claim must be billed for the entire month	CLAIM	16	MA31
6001-Benefit Exhaustion Period Reported	CLAIM	22	N598
6002-Medicare Crossover QMB processing rules applies	CLAIM	16	MA04
6003-No COB Amount on TPL Dental Claim	CLAIM	16	MA04
6004-Pend for COBA Location	CLAIM	16	N259
6006-Under Review: Claim	CLAIM	96	N10
6007-Provider specialty dates do not match claim	CLAIM	8	N95
6008-Member does not meet eligibility requirements	CLAIM	96	N30
6009-Under Review	CLAIM	96	N10
601-UM is Closed	AUTH	197	
6010-Invalid Service Location Selection	CLAIM	16	N259
6011-Inactive Eligibility on Claim	CLAIM	177	
6013-Major CPT Bundle Group Institutional	CLAIM		M80
6014-Major CPT Bundle Group Professional	CLAIM		M80
6015-Gender is invalid for med policy on a UB04	MEDICALPOLICY		MA30
6016-Claim Review	CLAIM	96	N10
6017-Spend down	CLAIM	178	
6018-Medically Unlikely	CLAIM	151	N435
6019-No Benefit for Inpatient Psychiatric Services	CLAIM	204	N130
602-UM is awaiting Medical Review	AUTH	197	
6023-TOB Frequency zero-nonpayment/zero claim	CLAIM	96	N356
6024-Crossover Hospital Pricing Rules Applied	CLAIM	B1	
6025-No TPL Dollars Submitted on Medicare Claim	CLAIM	16	M64
6025-No TPL Dollars Submitted on Medicare Claim	CLAIM	16	MA64
6026-Duplicate Claim	CLAIM	18	
6027-Fiscal Pend	CLAIM	24	
603-UM is Pended	AUTH	197	
6030-QMB with no Medicare Dollars	CLAIM	204	N130
6031-Adjustment Timely Filing	CLAIM	29	

6032-Clinical Review	CLAIM	150	N640
6033-Incorrect Claim Form for Provider	CLAIM	16	N34
6034-No Units Billed	CLAIM	16	M53
6036-No Benefits for Premium only Coverage	CLAIM	204	N567
6037-Missing Vendor Code	CLAIM	16	N77
604-UM is Denied	AUTH	197	
6044-COB Memo Claim Line Mismatch	CLAIM	16	MA04
6045-Invalid R&B Units Billed	CLAIM		N345
6047-MCR Non Covered - Bill Separately	CLAIM	96	N61
6048-Invalid/Missing Date of Birth	CLAIM	16	N329
6051-Provider Ineligible to Order/Refer	CLAIM		N544
6053-Order/Refer NPI Missing	CLAIM		N544
6054-Revalidation Period Expired	CLAIM		N229
6055-Missing or Invalid Admit Diagnosis	CLAIM		MA65
6056-Long Term Coverage Applies	CLAIM		MA04
6057-Non-Covered Refractions	CLAIM	272	N20
606-UM Not found	AUTH	197	
6060-Duplicate Claim Bill Medicare Non Covered Separately	CLAIM		N61
6063-Non Covered Days of Service	CLAIM		M53
6066-No Dental COB Amount on Claim	CLAIM		MA04
6067-Missing/Invalid Consent Form Attachment	CLAIM		N28
6069-Bundle to Inpatient Services	CLAIM		M2
607-UM is not for same Member	AUTH	198	N54
6070-PCS - EVV record required	CLAIM		N363
6075-Paid Encounter Service Required	CLAIM		N584
608-UM is not for same Provider	AUTH	284	N517
609-UM dates do not match Claim	AUTH	198	N351
610-UM Services do not match Claim	AUTH	284	N517
611-UM has no available units	AUTH	198	N640
612-UM has insufficient units remaining	AUTH	198	N640
613-Claim Requires Manual Processing	AUTH	96	N10
614-No Available Bed Days on UM	AUTH	198	N640
616-UM Service Line Denied	AUTH	197	
624-UM Service Line Manually Denied	AUTH	197	
625-UM Service Line Manually Pended	AUTH	197	
635-Invalid Claim Form Type	CLAIM	16	N34
639-Invalid Clean Claim Date	CLAIM	129	MA130
659-Invalid Place of Service Code	CLAIM	16	M77
702-Invalid CDT code on DOS	CLAIM	181	N56
703-Invalid tooth number	CLAIM	16	N39
704-Invalid tooth surface for tooth	CLAIM	16	N75
706-CDT already billed on this date by same provider	CLAIM	18	
707-CDT already billed on this date	CLAIM	18	
708-Invalid Tooth for CDT	CLAIM		N37
709-CDT requires tooth surface min/max count	CLAIM	16	N75
712-Dental Area/Tooth Mismatch	CLAIM	16	N75
713-Invalid Area For CDT Code	CLAIM		N75
902-Invalid Bill Type for claim start date	CLAIM	16	MA30
911-Invalid For Male	CLAIM	16	MA39
912-Invalid For Female	CLAIM	16	MA39
913-Manual Pend of Claim	CLAIM	96	N10
915-Claim has been manually denied	CLAIM	96	N10
916-Claim does not have any service lines	CLAIM	16	M51
918-Connect requires claim review	CLAIM	107	
922-Manual Contract Price exceeds Billed Amount on Service Line	CLAIM	96	N10
941-Previous claim not found for adjustment	CLAIM	107	
943-Claim reversal for adjustment failed	CLAIM	107	
966-Primary carrier paid date required on COB claims	CLAIM	16	N480
967-COB claim exceeds submission window	CLAIM	29	
989-APC pricing error with blank CPT/HCPCS	Claim	16	M51

Notes: This document is used as a crosswalk between the edit rules that can be viewed on a claim in the Health PAS Online Portal and the mapped codes on that must follow the HIPAA EDI standard codes for a Remittance Advice or 835 and adhere to the CAQH CORE III rules.

--Blank(s) in a column indicate there is no valid CAQH CORE III combination.